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MENTAL HEALTH SERVICES IN ALBERTA

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SOCIAL SERVICES
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Overview of Mental Illness in Canada

1. ***How Many Canadians Suffer from Some Form of Mental Illness?**

   According to Statistics Canada, based on 1978 data:

   — One of every eight Canadians can expect to be hospitalized for mental illness at least once during his/her lifetime.

   — Suicide was the second most frequent cause of death among Canadians aged 15 - 39.

   — Mental illness was the the second leading category of general hospital use for those aged 20 - 44 (exceeded by accidents for men and pregnancy for women).

   — 10% - 30% of the adult population have mental illness or symptoms (depending on definitions).

2. ***The Cost**

   — Hospital treatment for mental illness is estimated to cost over $1 billion per year.

   — Indirect costs are high. Loss due to days not worked is estimated at $474 million in 1974.

   — Leading cause of hospital and medical care is in the most economically productive — those aged 20 - 64.

3. **Leading Diagnoses**

   — Alcoholism (Men)

   — Neuroses (Women)

   — Schizophrenia

   — Affective psychoses

As you can see, Canada has a major public health problem with mental illness. There are few known effective measures which can be taken to prevent the occurrence of major functional psychoses. They cause a high degree of morbidity, and because of presentation in early adulthood and low mortality rate, have a high social and economic cost.

This has not led to a high level of research in Canada on the extent of the social, psychiatric and economic problems of these patients on a national basis.

***One in Eight**, Statistics Canada, 1981.

History of Mental Health Services in Alberta

Until 1911, persons requiring mental hospital treatment were sent to Brandon Mental Hospital in Manitoba. The Ponoka Insane Asylum, now Alberta Hospital Ponoka, was opened on July 4, 1911 and 164 patients from Alberta were transferred to it from Brandon.

The Provincial Mental Institute at Oliver, now Alberta Hospital Edmonton, opened in 1923 for male patients requiring continuing care.

In 1929, Mental Hygiene and Mental Health Clinics were started. These became known a little later as Provincial Guidance Clinics and continued under that name until they became Alberta Guidance Clinics under the Mental Health Act of January 1, 1965. They are now referred to as Community Mental Health Clinics.

A psychopathic ward at the University of Alberta Hospital was opened on January 29, 1931 to provide accommodation for 16 patients. It was closed on March 31, 1933 for economic reasons.

One Provincial Auxiliary Mental Hospital (now Claresholm Care Centre) was opened in 1933.

A second (now called Raymond Home) was opened in 1939, for female patients requiring continuing care.

Rosehaven, in Camrose was opened in 1947 for older persons requiring continuing care.

Since the early 1950s, psychiatric wards have been opened in general hospitals. There are currently over 540 beds in general hospital psychiatric units.

On January 1, 1965, a Mental Health Act was proclaimed.

In January, 1968, the Government of Alberta commissioned a mental health study, conducted by Dr. W.R.N. Blair, Head of the Department of Psychology, University of Calgary. Since then, the trend has been away from institutionalization and towards providing treatment nearer to the patient's home community.

A new Mental Health Act in 1972 allowed for citizen input by means of a Provincial and several Regional Mental Health Councils.

In 1978 Alberta became the first province to establish a suicide prevention program.

During the seventies, the standards of care improved greatly. All mental health units of the Department of Social Services and Community Health were accredited by the Canadian Council on Hospital Accreditation. Alberta was the first province to accomplish this.

On October 1, 1982 Alberta Hospital Edmonton and Alberta Hospital Ponoka came under board governance.

On December 22, 1982 the two mental hospitals were transferred from Social Services and Community Health to the Department of Hospitals and Medical Care. Major portions of the Mental Health Act were transferred to the Minister of Hospitals and Medical Care and other portions were put under joint administration of both departments.

The System

The Department of Social Services and Community Health operates 56 Mental Health Clinics as well as travelling services to some rural areas. It also operates three Extended Care Centres and authorizes payment of grants to associations and community agencies concerned with mental illness.

The Department of Hospitals and Medical Care funds psychiatric units of general hospitals and two mental hospitals and pays for those psychiatric medical services included in the Alberta Medical Association fee schedule.

The planning of mental health services activities of the two departments is coordinated through a joint interdepartmental Sub-committee on Mental Health, which was set up by the Health Care and Social Services Planning Committee composed of senior officials of both departments as well as the Alberta Alcoholism and Drug Abuse Commission.

Components of the System

a. **Alberta Hospital Edmonton**

The Hospital has approximately 650 beds offering the following programs:

Admissions (acute care)	Forensic
Rehabilitation (long term psychiatric)	Geriatrics

b. **Alberta Hospital Ponoka**

There are approximately 440 beds allocated to the following programs:

Admissions (acute care)	Rehabilitation (long term psychiatric)
Treatment of Alcoholics	Geriatrics

c. **Psychiatric Units in General Hospitals**

The Department of Hospitals and Medical Care currently funds over 540 psychiatric beds located in Medicine Hat, Lethbridge, Calgary, Edmonton, Red Deer, Camrose, Fort McMurray and Grande Prairie.

d. **Psychiatric Extended Care Centres**

Social Services and Community Health operates three extended care centres specifically aimed at serving the chronically mentally ill.

— Claresholm Care Centre: 200 beds for adults with psychosocial handicaps.
— Raymond Home: 52 beds for the psychosocially handicapped who are physically independent.
— Rosehaven Care Centre: 250 beds for adults with psychosocial handicaps.

e. **Regional Mental Health Clinics**

The purpose of the Regional Mental Health Clinics is to provide: diagnostic assessment and treatment of clients of all ages throughout the province; consultation to general practioners, nursing homes, courts, correctional institutions, Public Health, Child Welfare, schools

and other community agencies; and follow-up of persons released from mental hospitals, including placement in residential and non-residential support services in the community.

About 21,000 persons received services from the Mental Health Clinics during the calendar year 1984-85.

f. **Private Practitioners and Sessional Physicians**

The Alberta Health Care Insurance Plan provides payments to over 100 psychiatrists and to general practitioners for psychiatric services.

g. **Suicide Prevention Program**

Alberta is the only province in Canada which has a Suicide Prevention Program with a Provincial Suicidologist. Employed by Social Services and Community Health, the Provincial Suicidologist is responsible for designing, organizing, directing and monitoring the suicide and crisis programs, research and evaluation, and liaison with the Provincial Advisory Committee on Suicide Prevention.

h. **Funded Agency Programs**

Social Services and Community Health funds individuals and agencies to provide community support services.

The Department funds over 140 residential facilities with about 590 beds and over 20 non-residential programs with about 500 daily spaces which provide a wide range of services, including skills development, psychotherapy, case management and drop-in services.

i. **Social, Vocational and Financial Assistance**

The Department of Social Services and Community Health also provides support through Social Assistance, A.I.S.H. (Assured income for the Severely Handicapped), and sheltered workshops and vocational training programmes.

Citizen Representation

This is accomplished through the Provincial and several Regional Mental Health Councils and two mental health hospital boards established under the Mental Health Act. Rather more indirectly, general hospital psychiatric units are a part of general hospitals run by Boards.

a. **The Provincial Mental Health Advisory Council**

The Provincial Mental Health Advisory Council is established by Section 5 of the Mental Health Act. Membership is specified in the Act and members are appointed by the Lieutenant Governor in Council.

There is a Research Committee of Council which is responsible for recommending and funding mental health research projects.

The Crisis Intervention Education Committee recommends and funds crisis intervention workshops.

The Child and Adolescent Mental Health Services Committee is responsible for studying and making recommendations regarding mental health services for children and adolescents.

b. **Regional Mental Health Councils**
Regional Mental Health Councils are provided for by Section 6 of the Mental Health Act and are established by the Lieutenant Governor in Council. Membership is specified in the Regulations under the Act, and members are appointed by the Minister.

c. **Provincial Advisory Committee on Suicide Prevention**
The Provincial Advisory Committee on Suicide Prevention advises the Minister of Social Services and Community Health on matters relating to suicide, recommends funding for suicide prevention related projects and works closely with the Provincial Suicidologist.

d. **Boards**
The Albert Hospitals Edmonton and Ponoka were put under board governance effective October 1, 1982. These were transferred from Social Services and Community Health to Hospitals and Medical Care in December, 1982. Members of the boards are appointed by the Lieutenant Governor in Council.

e. **Regional Psychiatric Services Planning Committees**
Regional Psychiatric Services Planning Committees exist in all Regions, with membership from local service providers and the departments of Hospitals and Medical Care and Social Services and Community Health. These committees exist to coordinate the available services in each Region and to plan future services.

SSCH Mental Health Policy and Priorities

Policy

The Department of Social Services and Community Health is responsible for ensuring the availability of high quality treatment and support services in the community for mentally ill residents of Alberta.

This includes the following:

1. Direct provision of clinical services,
2. Direct provision of support services,
3. Facilitation of clinical and support services to be provided by others, which may include:
   a) educational endeavours;
   b) public information;
   c) funding agencies or projects;
   d) coordinating efforts with other Government departments, agencies, professional bodies and individuals.
4. Facilitation of preventive mental health activities and programs.

Priorities

A major role of government services is to equalize or eliminate geographically determined service inequities, while keeping in mind feasibility, quality and efficiency. Each region allocates resources to fill

service gaps while avoiding unnecessary duplication or competition with other service providers (such as institutions or private practitioners funded by Hospitals and Medical Care).

1. Client diagnostic types.

   Within the context of the above paragraph, the highest priority in the Region is treating those persons with clearly definable mental illness, whether acute or chronic. This means that the diseased and disabled are high priority. The distressed and dissatisfied are not.

2. Comprehensive service for the chronically ill.

   S.S.C.H. has a major responsibility for ensuring that adequate support services (residential, treatment, sheltered workshop or occupation, etc.) are available to the psychiatrically disabled. This client group has a high priority and therefore their support in the community also has a high priority. In addition to the provision of programs, staff act as case managers to ensure that such persons get access to appropriate services.

3. Service priority groups.

   Various heterogeneous groups of the population have been highlighted as being underserviced and/or of high morbidity. These are:

   a) those chronically disabled by mental illness,
   b) children and adolescents (including treatment referrals from Child Welfare),
   c) the elderly, and
   d) rural populations.

   Assessment of the availability of alternative services for these groups, and the demographic composition of the region are used in determining the priorities between these groups.

4. Quality.

   Only services with high clinical standards and credibility are provided or used. Mechanisms are in place to ensure high standards and quality treatment and care.

5. Research.

   Mental health services, as providers and facilitators of quality care to the mentally ill, have an obligation to be involved in research. Operational and evaluative research have clear relevance to service delivery. Units are open to consider research proposals from their own staff and other bona fide ethical researchers, preferably wanting to do research related to major priorities.

6. Preventive programs and services.

   Preventive programs are supported, particularly where programs of proven effectiveness are directed at the prevention of specified disorders. Such programs are carried out through local health units and attention is given to enhancing mental health in the workplace.

7. Other programs and services.

   Other services are generally of lower priority, particularly the provision of third party services which are of little clinical benefit to the client, including public education programs and programs of self enhancement and personal effectiveness, unless they are directed to a high priority client or service group and they are of proven effectiveness.

Regional Directors and Mental Health Clinics

Region	Regional Director's Office	Clinic Locations	
Northwest	600 Nordic Court 10014 - 99 Street Grande Prairie T8V 3N4 Telephone: 538-5160	Barrhead Grande Prairie High Prairie Peace River	Slave Lake Spirit River Whitecourt
Northeast	9th floor, Provincial Building 9915 Franklin Avenue Fort McMurray T9H 2K4 Telephone: 743-7450	Athabasca Bonnyville Fort McMurray Grand Centre	Lac La Biche St. Paul Vegreville Vermilion
Edmonton	5th floor, 108 Street Building 9942 - 108 Street Edmonton, Alberta T5K 2J5 Telephone: 427-4444	Drayton Valley Edmonton (3) Edson Fort Saskatchewan Grande Cache	Hinton Leduc St. Albert Sherwood park Stony Plain
Central	2nd floor, Provincial Building 4920 - 51 Street Red Deer, Alberta T4N 6K8 Telephone: 340-5047	Camrose Drumheller Hanna Innisfail Lacombe Olds Ponoka	Provost Red Deer Rimbey Rocky Mountain House Stettler Wainwright Wetaskiwin
Calgary	206 Hillhurst Professional Building 301 - 14 Street, N.W. Calgary, Alberta T2N 2A4 Telephone: 297-4520	Airdrie Calgary (4) Canmore	Cochrane High River Strathmore
South	2105 - 20 Avenue P.O. Box 60 Coaldale, Alberta T0K 0L0 Telephone: 381-5329	Blairmore Brooks Lethbridge	Medicine Hat Pincher Creek Taber

Extended Care Centres

Claresholm Care Centre
Box 490
Claresholm, Alberta
T0L 0T0
Telephone: 625-3301

Raymond Home
Raymond, Alberta
T0K 2S0
Telephone: 752-3316

Rosehaven Care Centre
4612 - 53 Street
Camrose, Alberta
T4V 1Y6
Telephone: 679-1411

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